ED V	/S AUG 1/5 19	960	STAND.				SO C		STATE FILE NU	IMBED
-	Registration District N	lo	rimPrim	ary Registration	District No./_Q	ر Registrar's	No		SIAIE FILE INC	J/MBER
-  -	1. PLACE OF DEATH	<del></del> -				2. USUAL RESI	DENCE (Where dec	eased lived.	If institution:	Residence be
	a. COUNTY	Tacks	OH.			a. STATE MO	b. CC	OUNTY Ta	ckson	admission
1-	b. CITY (If outside			HIP only)	Length of stay in	ı lb    c. CiTY	<u>-</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	0113011	Inside Lim
	OR TOWN <b>K</b> a	nsas	City		63 yr	S TOWN T	Cansas C	ity		Yes X No
- 1	c. FULL NAME OF			ion)	Inside Lim			cutside, give	location)	Reside on F
_	HOSPITAL OR	•	· · ·	•	ome Yes XI No	II ADDRESS	112 West			Yes 🗌 No
-	3. NAME OF DECEA	SED	First		Middle	Last	4. DATE	Month	Day	Year
1	(Type or print)	D1	anche		T	Yount	OF DEATH	7	<del>-</del> 29	- 196
1-	5. SEX		OR OR RACE	7. Married [	Never Married		TH 9. AGE (last	birthday) IF	UNDER 1 YEAT	
				Widowed		añ l		M	onths Days	Hours
-	Femaile	Whi	te	JOB KIND OF	BUSINESS OF IND	5-31-18	888 72	country) 1'	2. CITIZEN OF	WHAT COUN
1	during most of we			100. KIND OF	DOGINICOS OR MAD	1	• •		z. Cilizzia Or	
I	Housewif	e		Hon	ne	Slate	r, Missou	ırı		<u> A•</u>
	I3a. FATHER'S NAME			13b. M	OTHER'S MAIDEN	NAME	14. N	AME OF HUS	BAND OR WIFE	
	<u>James N.</u>	Drape	<u>r</u> _		ary Come		Ra		Yount	
	15. WAS DECEASED E (Yes, ກຸວ, or unknown)				OCIAL SECURITY N	O. 17. INFORMANT	•	Add	ress	
	No.		None	lervice)	Vone	Rawmond	d R. Your	it 731	6 Mapl	e Ove
; I —	1 18. CAUSE OF DE	ATH (Enter or	nly one cause per	line for (هـ/ a), (b),	and (c).	-	,		IN.	TERVAL BETW
4	I PAR									
DOCOMEN	Conc	IMMI ditions, if any	WAS CAUSED BY: EDIATE CAUSE (a)  DUE TO (b	<u>Ch</u>	roni u	Myoca	rditi	5		SINSET AND DE
	Conc whic abov stati	IMMI ditions, if any gave rise to be cause (a) ng the under	DUE TO (b	Chi ar	teri.	Myoca	<u>rditi</u>	\$		Gye
	Conc whice abov stati lying	IMMI ditions, if any th gave rise to the cause (a) ng the under g cause last T II. OTHER	DUE TO (b	Chi ar	teri.	O S C I E I	os is	PART III.		6 yes
	Conc whice abov stati lying	IMMI ditions, if any th gave rise to the cause (a) ng the under g cause last T II. OTHER	DUE TO (c	Chi ar	teri.	O S C I E I	os is	-	If deceased	Gy Re
	Conc whice abov stati lying	IMMI ditions, if any h gave rise tr e cause (a) ng the under g cause last T II. OTHER disease	DUE TO (b. ) DUE TO (c. ) DUE TO (c. ) DUE TO (c. )	Chi ar ONDITIONS CO	TON) C	DEATH but not related		Г	If deceased there a pregna	Was female ancy in last 90
	Conc which above statistic lying PAR*	ditions, if any the gave rise to the cause (a) ng the under greate last II. OTHER disease	DUE TO (b. ) DUE TO (c. ) DUE TO (c. ) DUE TO (c. )	ONDITIONS CO	TON) C			Г	If deceased there a pregna	Was female ancy in last 90
CERTIFICATION	Conc which above statis lying PAR'	ditions, if any the gave rise to the cause (a) nog the under greate last T. II. OTHER disease	DUE TO (b.  DUE TO (c.  SIGNIFICANT CC  CONDITION  DUE TO (c.	ONDITIONS CO	TON) C			Г	If deceased there a pregna	Was female ancy in last 90
BING CERTIFICATION	Conc which above statiful lying PAR*  19. WAS AUTOPS' PERFORMED? YES NO C	IMMI ditions, if any th gave rise to the cause (a) no the under g cause last T II. OTHER disease Y 20a. ACC	DUE TO (b  DUE TO (c  SIGNIFICANT CO  condition given in	ONDITIONS CO	TON) C			Г	If deceased there a pregna	Was female ancy in last 90
BING CERTIFICATION	Conc which above statiful lying PAR*  19. WAS AUTOPS' PERFORMED? YES IN NO IN INJURY  20c. TIME OF HINJURY	IMMI ditions, if any th gave rise to the cause (a) no the under g cause last T II. OTHER disease Y 20a. ACC J Houl Mont I.m.	DUE TO (b  DUE TO (c  SIGNIFICANT CC  condition given in	ONDITIONS CON PART I (a)	NTRIBUTING TO	E HOW INJURY OCCUR	RED. (Enter nature o	Injury in PA	If deceased there a pregna Yes	was female ancy in last 90 No Unit of item 18.)
BING CERTIFICATION	Conc which which which which which was always page of the control	IMMI ditions, if any th gave rise to the cause (a) ng the under the cause (a) T II. OTHER disease  Y 20a. ACC  J TOUL Mont IRRED	DUE TO (b) DUE TO (c) SIGNIFICANT CC condition given in DIENT SUICIDE DI	OF INJURY (e.g.	TON) C	E HOW INJURY OCCUR	RED. (Enter nature o	Injury in PA	If deceased there a pregna	was female ancy in last 90 No Unit of item 18.)
FOREGING CERTIFICATION	Conc which above statiful lying PAR*  19. WAS AUTOPS' PERFORMED? YES IN NO IN INJURY  20c. TIME OF HINJURY	IMMI ditions, if any th gave rise to the cause (a) ng the under the cause (a) T II. OTHER disease  Y 20a. ACC  J TOUL Mont IRRED	DUE TO (b) DUE TO (c) SIGNIFICANT CC condition given in DIENT SUICIDE DI	OF INJURY (e.g.	TO N) C	E HOW INJURY OCCUR	RED. (Enter nature o	Injury in PA	If deceased there a pregna Yes	was female ancy in last 90 No Unit of item 18.)
BING CERTIFICATION	Conc which above statistic lying PAR'  19. WAS AUTOPS' PERFORMED? YES NO CONTROL NO COLUMN PROPERTOR NOT WHILE AT WE NOT WHILE	ditions, if any the gave rise to the cause (a) nog the under grows last T II. OTHER disease  Y 20a. ACC	DUE TO (b. DUE TO (c. SIGNIFICANT CC condition given in DIENT SUICIDE D.	OF INJURY (e.g.	TO N) C	e, 20f. CITY, TOWN,	RED. (Enter nature o	injury in PA	If deceased there a pregna Yes	was female ancy in last 90 No Unit of item 18.)
Laurenna certification	IP. WAS AUTOPS: PAR'  PAR'  19. WAS AUTOPS: PERFORMED? YES NO COLUMNIURY A P  20d. INJURY OCCUMNIUR AT WOOD WHILE AT WOOD WOOD WHILE AT WOOD WOOD WHILE AT WOOD WOOD WHILE AT WOOD WOOD WOOD WOOD WOOD WOOD WOOD WOO	IMMI ditions, if any th gave rise to e cause (a) ng the under g cause last T II. OTHER disease  Y 20a. ACC  I Mont JRRED DORK   ACC AT WORK   ACC T	DUE TO (b. DUE TO (c. SIGNIFICANT CC condition given in DIENT SUICIDE Dh, Day, Year  20e. PLACE form, for	OF INJURY (e.g.	20b. DESCRIBE	e, 20f. CITY, TOWN,	OR LOCATION  and last saw her a	ive on Z	If deceased there a pregna Pres RT I or PART II	was female ancy in last 90 No Unit of item 18.)
Laurenna certification	IP. WAS AUTOPS: PAR'  PAR'  19. WAS AUTOPS: PERFORMED? YES NO COLUMNIURY A P  20d. INJURY OCCUMNIUR AT WOOD WHILE AT WOOD WOOD WHILE AT WOOD WOOD WHILE AT WOOD WOOD WHILE AT WOOD WOOD WOOD WOOD WOOD WOOD WOOD WOO	IMMI ditions, if any th gave rise to e cause (a) ng the under g cause last T II. OTHER disease  Y 20a. ACC  I Mont JRRED DORK   ACC AT WORK   ACC T	DUE TO (b. DUE TO (c. SIGNIFICANT Cocondition given in the condition given in the condition given in the company of the compan	ONDITIONS CON PART I (a)  ONDITIONS CON PART I (a)  OF INJURY (e.g. actory, street, of	20b. DESCRIBE	e, 20f. CITY, TOWN,	OR LOCATION  and last saw her a	ive on Z	If deceased there a pregna Pres RT I or PART II	was female ancy in last 90 No Un Un I of item 18.)
FOREGING CERTIFICATION	IP. WAS AUTOPS: PAR'  PAR'  19. WAS AUTOPS: PERFORMED? YES NO COLUMNIURY A P  20d. INJURY OCCUMNIUR AT WOOD WHILE AT WOOD WOOD WHILE AT WOOD WOOD WHILE AT WOOD WOOD WHILE AT WOOD WOOD WOOD WOOD WOOD WOOD WOOD WOO	IMMI ditions, if any th gave rise to e cause (a) ng the under g cause last T II. OTHER disease  Y 20a. ACC  I Mont JRRED DORK   ACC AT WORK   ACC T	DUE TO (b. DUE TO (c. SIGNIFICANT Cocondition given in the condition given in the condition given in the company of the compan	OF INJURY (e.g.	20b. DESCRIBE	e, 20f. CITY, TOWN,	OR LOCATION  and last saw her a	ive on Z	If deceased there a pregna Pres RT I or PART II	was female ancy in last 90 No Un Un I of item 18.)
Paul Laurengene certification	IP. WAS AUTOPS: PAR'  PAR'  19. WAS AUTOPS: PERFORMED? YES NO COLUMNIURY A P  20d. INJURY OCCUMNIUR AT WOOD WHILE AT WOOD WOOD WHILE AT WOOD WOOD WHILE AT WOOD WOOD WHILE AT WOOD WOOD WOOD WOOD WOOD WOOD WOOD WOO	IMMI ditions, if any th gave rise to e cause (a) ng the under g cause last T II. OTHER disease  Y 20a. ACC  I Mont JRRED DORK   ACC AT WORK   ACC T	DUE TO (b. DUE TO (c. SIGNIFICANT Cocondition given in the condition given in the condition given in the company of the compan	OF INJURY (e.g. actory, street, of	20b. DESCRIBE	e, 20f. CITY, TOWN,  29- 60  in the date stated above  22b. ADDRESS  420	OR LOCATION  and last saw her a	ive on Z	If deceased there a pregna Pres RT I or PART II	was female ancy in last 90 No Un Un I of item 18.)
Paul Laurengene certification	IP. WAS AUTOPS: PERFORMED? PERFORMED? YES NO  20c. TIME OF INJURY A PERFORMED A INJURY OCCUMBLE AT WOME WHILE AT WOME 21. I attended the Death occurred	ditions, if any the gave rise to the cause (a) nog the under of cause last T II. OTHER disease  Y 20a. ACC  JOHN Mont DRK AT WORK AT WORK AT WORK AT WORK AT AT	DUE TO (b. DUE TO (c. SIGNIFICANT Cocondition given in the condition given in the condition given in the company of the compan	OF INJURY (e.g. actory, street, of	20b. DESCRIBE	e, 20f. CITY, TOWN,  29- 60  in the date stated above  22b. ADDRESS  420	OR LOCATION  and last saw her a	ive on Z	If deceased there a pregna Pres RT I or PART II	was female ancy in last 90 No Un Un I of item 18.)
Paul Laurengene certification	Tonc which which above statistic sta	ditions, if any the gave rise to the cause (a) nog the under of cause last T II. OTHER disease  Y 20a. ACC  JOHN Mont DRK AT WORK AT WORK AT WORK AT WORK AT AT	DUE TO (b  DUE TO (c  SIGNIFICANT CC condition given in  DIENT SUICIDE  D. Day, Year  20e. PLACE form, for  Dom /	OF INJURY (e.g. actory, street, of the or title)	20b. DESCRIBE	te, 20f. CITY, TOWN,  29 - 60  on the date stated above  22b. ADDRESS  4 2 8	OR LOCATION  Land last saw her him alore, and to the best of the b	ive on Toury in PA	If deceased there a pregna Yes   RT   or PART	STA  CO  Lauses stated.  22c. DATE S  7-29  (State)
Paul Laurengene certification	Conc which which above statistic sta	ditions, if any the gave rise to the cause (a) month of the under go cause last T II. OTHER disease  Y 20a. ACC D	DUE TO (b. DUE TO (c. SIGNIFICANT CC condition given in the condition given g	OF INJURY (e.g. actory, street, of	20b. DESCRIBE	e, 20f. CITY, TOWN,  29- 60  in the date stated above  22b. ADDRESS  420	OR LOCATION  Land last saw her him alore, and to the best of the b	ive on Z	If deceased there a pregna Yes	was female ancy in last 90 No Un to fitem 18.)  STA  CO Causes stated.  22c. DATE S  7-29
Frank Paul Laurensana Certification	Tonc which which above statistic sta	ditions, if any the gave rise to the cause (a) no the under the cause (a) cause last T II. OTHER disease  Y 20a. ACC T C C C C C C C C C C C C C C C C C	DUE TO (b. DUE TO (c. SIGNIFICANT CCCONDITION GIVEN in DIENT SUICIDENT SUICI	OF INJURY (e.g. actory, street, of the or title)  23c NAME  Memoria	20b. DESCRIBE  20b. DESCRIBE	te, 20f. CITY, TOWN,  29-60  on the date stated above  22b. ADDRESS  CREMATORY  A CREMATORY  A CREMETER AT LOCATION AND A COMMENT AND A COMMEN	OR LOCATION  Land last saw her him alore, and to the best of the b	ive on Tolery in PA	If deceased there a pregna Yes	was female ancy in last 90 No Un to fitem 18.)  STA  GO 22c. DATE S  7-29 (State)

Be1-3319 Lo4-6068

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is rec	corded on the reverse side of this certificate was embalme
r by	, Student Embalmer No
vorking under my personal supervision.	1/244 / - 1

Student\_\_\_\_\_\_Signature of Student Embalmer

M= /LEnley

Licensed Embatmer No.

P. O. Address P. O. Address

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.